

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/508805

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		2				
4	1					
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48		1				
49		1				
50		1				
TOTAL IND.						
T TAL DEP.						
T TAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53	1		1			
54		1				
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99						
100						
TOTAL IND.						
T TAL DEP.						
T TAL CLAIMS						

BEST AVAILABLE COPY